



Texas Department of Insurance, Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor's Name and Address: AARON CALODNEY, MD, PA 1810 SHILOH RD., STE. 701 TYLER, TX 75701	MFDR Tracking #:	M4-09-5466-01
Respondent Name and Box #: ST. PAUL FIRE & MARINE INSURANCE REP. BOX #: 05		

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPAL DOCUMENTATION

Requestor's Position Summary: "...We have tried to resolve this denial of "timely filing" issue with a reconsideration faxed to the Adjuster Malina Hunt at Travelers with our proof of timely filing attached. Proof of timely being our internal logging device in our Eclinical system, that we can not in any way adjust wince this is done from within our system to track our filing of these Medical claims... The DOS in question had to be sent four different times & Travelers only show the 2nd file date and that is what they back to us with the "timely filing" denial..."

Principal Documentation:

1. DWC 60 package
2. Total Amount Sought - \$519.00
3. Bills
4. EOBs
5. Internal Log

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPAL DOCUMENTATION

Respondent's Position Summary: "...Under the 95 day deadline in Rule 133.20(b), the Provider had until 04-29-2008 (2008 was a leap year) to submit their bill to the Carrier. As documented by the bill image, attached, the Carrier received the bill on 5-16-2008, which under Rule 102.4(h) gives a submission date of 05-11-08. This is 107 days after the date of service. Therefore, the Provider's bill was not timely submitted, and the Carrier properly denied reimbursement. The Provider alleges a prior submission date of 02-07-2008. In support of this allegation, the Provider submits an internal computer system screen print showing a bill for this date of service was generated on 02-07-2008. The screen print does not document mailing or faxing of the billing, does not document the address to which the billing was sent, and provides no objective evidence of timely submission. Without evidence of submission, such as a fax confirmation page, prior to 04-29-2008, the Carrier properly denied the bill as not being timely in accordance with Rule 133.20(b)..."

Principal Documentation:

1. Response to DWC 60

PART IV: SUMMARY OF FINDINGS

Eligible Dates of Service (DOS)	CPT Codes and Calculations	Denial Codes	Part V Reference	Amount Ordered
01/25/2008	CPT Code 99213 and 80101	29	1 - 3	\$0.00
Total Due:				\$0.00

PART V: REVIEW OF SUMMARY, METHODOLOGY AND EXPLANATION

Texas Labor Code 402.00128(b)(7) titled *General Powers and Duties of Commissioner* authorizes the Commissioner to enter appropriate orders. The Division will resolve medical fee disputes according to Rules 133.305, 133.307, 133.20(b), 133.200, 133.240 and other rules.

1. This dispute relates to procedures/services that were billed under CPT codes 99213 and 80101 rendered on January 25, 2008 that were denied reimbursement by the insurance carrier based upon "29 – The time limit for filing has expired, per Texas Labor Code 480.027, bill must be sent to the carrier on a timely basis, within 95 days from dates of service."
2. Rule 102.4(h), titled General Rules for Non-Commission Communication, states "Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on:
 - (1) the date received, if sent by fax, personal delivery or electronic transmission or,
 - (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday."
 1. Section 408.027(a) of the Labor Code states, "A health care provider shall submit a claim for payment to the insurance carrier not later than the 95th day after the date on which the health care services are provided to the injured employee. Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for payment."
3. The Requestor has not provided any verifiable evidence to support their position that the bill was submitted timely to the Respondent per Section 408.027(a). The Requestor submitted a print screen showing that on 02/07/2008 a "paper submission to St. Paul Travelers" was made; however, this does not constitute an electronic submission to the carrier, nor does it show a mail or fax confirmation of the submission.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES

Texas Labor Code 402.00128(b)(7)	28 Texas Administrative Code Sec. 134.202
Texas Labor Code 408.027(a)	28 Texas Administrative Code Sec. 133.20(b)
28 Texas Administrative Code Sec. §102.4(h)	28 Texas Administrative Code Sec. 133.2
28 Texas Administrative Code Sec. §133.305	28 Texas Administrative Code Sec. 133.240
28 Texas Administrative Code Sec. §133.307	Texas Government Code, Chapter 2001, Subchapter G
28 Texas Administrative Code Sec. §134.801	

PART VII: DIVISION DECISION

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code, Sec. 413.031 and 408.027(a), the Division has determined that the medical bill or hospital bill was not timely filed and the requestor has forfeited the right to reimbursement.

DECISION:

_____ Authorized Signature	_____ Auditor III Medical Fee Dispute Resolution	_____ August 21, 2009 Date
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PART VIII: YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division Rule 148.3(c).

Under Texas Labor Code Section 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 Rules if the total amount sought does not exceed \$2,000. If the total amount sought exceeds \$2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code Section 413.031.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.